

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; margin: 0;">10/053658</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED 10-28-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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50							
Total Indep	1						
Total Depend	25						
Total Claims	26						